

**STATE OF NORTH DAKOTA
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
600 E. BOULEVARD AVE., DEPT 325
BISMARCK, ND 58505-0250**

SOLICITATION AMENDMENT

September 29, 2006

Solicitation Number: 325-06-10-20

Title: Prescription Drug Monitoring Program

Amendment Number: 1

Section 1.06 of the solicitation established a deadline for receipt of questions. The responses to these questions are provided as addenda to this solicitation. When necessary, the solicitation has been amended.

Questions and Answers received by the deadline and the State's responses are as follows:

1.	General	-	<p>It is unclear to us what type of software purchase arrangement the State is seeking; vendor owned and operated, vendor owned and State operated, or State owned and operated. Could the State provide clarification on the desired arrangement?</p> <p>Answer: Vendor owned and operated. Vendor must then submit pricing for the options of vendor hosted or state hosted.</p>
2.	General	-	<p>Will you release the names of all the vendors submitting questions regarding this RFP?</p> <p>Answer: No</p>
3.	General	-	<p>How long does the State expect to gather data from dispensers before opening the PDMP system to reports and queries from physicians and ND Board of Pharmacy members?</p> <p>Answer: We wish to gather data going back 6 months as available from pharmacies. Physician queries will not be allowed until near the end of April. The Board of Pharmacy will utilize the system as needed and for testing until that time.</p>
4.	1.03	4	<p>Can you tell us the specific "go-live" date when the vendor will begin collecting data from dispensers? How soon after this date will reporting functionality need to be available?</p> <p>Answer: Collection of data should start in December. Mandatory reporting from pharmacies would start in January. Since we are asking for an existing system, we would expect standard reports to be operational as soon as data is collected and loaded into the system.</p>

5.	2.01	7	<p>Could the State please elaborate on the differences between the 232 licensed in-state pharmacies and 395 out-of-state pharmacies licensed to dispense in North Dakota? In Maine, a State with twice the total population as North Dakota, there are approximately 400 dispensing pharmacy locations.</p> <p>Answer: The 232 licensed in-state pharmacies have physical locations of business within North Dakota. Some only dispense occasionally and a few others are small hospitals that do not dispense outpatient prescriptions. There are also 2 research pharmacies, 2 teaching pharmacies, and 5 telepharmacy counseling sites that do not originate prescriptions.</p> <p>The 395 out-of-state pharmacies have been licensed through the ND Board of Pharmacy because they service North Dakota residents on a routine basis, but their physical location of business is in another state (e.g. a border city). Also, some are mail order pharmacies and a few are specialty compounding pharmacies.</p>
6.	2.01	7	<p>Of the approximately 650 pharmacy locations that may be required to participate in the ND PDMP, how many are part of a pharmacy chain? How many are independent?</p> <p>Answer: This is not tracked, but based on the names of licensed pharmacies, 72 are chain pharmacies, 43 are hospital pharmacies, and the balance are more or less independents. However, four pharmacy software systems account for a large part of claims processing in North Dakota Pharmacies.</p>
7.	2.01	7	<p>Would the DHS consider the use of web-based data collection / upload tools for dispensers to use for submitting their data?</p> <p>Answer: We would accept any process that would improve pharmacy compliance in sending the data to the vendor in a timely manner, but we wouldn't want to rely on just one option for submission of data.</p>
8.	3.02	9	<p>Is the DHS firm in requiring a daily upload from dispensers, or would they consider alternate options, such as a phased in approach like that proposed in question 9 (below)?</p> <p>Answer: We will be requiring daily submission. The Board will work with pharmacies individually if they are unable to comply for any reason to determine a timeline for coming into compliance.</p>
9.	3.02	9	<p>Would the Department consider starting with bi-weekly claims submissions during the first 3 months of operation, moving up to weekly submissions the second 3 months, and implementing daily submissions after six months of operation? Would this allow dispensers adequate time to become familiar with submission policy / procedures?</p> <p>Answer: See answer to #8.</p>

10.	3.02.a.a	9	<p>What “necessary technology” will the vendor be required to support for the data collection portion of this project? With daily submissions, is it the State’s intent to eliminate submission of data on disks, tape, paper forms, or other physical media types?</p> <p>Answer: The vendor should propose appropriate solutions. The primary method should accommodate the pharmacy’s software system sending the data via their existing connections (modem or internet) daily upon start up or shut down procedures.</p>
11.	3.02.b.o	10	<p>Can the Department define the term “mapping of activities” in more detail?</p> <p>Answer: We would like to explore the potential of the system integrating mapping software to show a picture of activity in the region (e.g. the screen would show a map of North Dakota with locations of prescribers and dispensers used by a citizen marked on the map).</p>
12.	6.03	17	<p>Would the State consider an alternate order of presentation within the Functional Requirement sub-section (3.02 B) if it helped facilitate a clearer description of the vendor solution? Ex: Within Functional Requirements, the detailed subsets of items a through w could be grouped so that like activities and content are together.</p> <p>Answer: Yes, that would be fine</p>
13.			<p>What is the budget for the scope of work included in this RFP?</p> <p>Answer: The entire program is being funded by the grant. Budget is as follows:</p> <ul style="list-style-type: none"> • Personnel wages - \$124,020 • Fringe benefits - \$39,687 • Travel - \$13,505 • Equipment - \$8,600 • Supplies - \$17,520 • Utilities & other - \$7,920 • Consultant/Contract - \$112,500 <p>This RFP is for procurement of the last line item. All other expenses will be incurred by the Board.</p>
14.			<p>Would it be possible to extend the due date by five to seven business days? We are working on several RFP responses which are due within a few days of the October 9, 2006 due date. The few additional days would allow us to provide the North Dakota Department of Human Services with a more meaningful proposal which would better address the needs and requirements of the Department.</p> <p>Answer: The due date is not going to change.</p>
15.			<p>Is there a budget established for this project other than the Rogers grant? If so, what is the amount and the source of the funding?</p> <p>Answer: Only the Harold Rogers Grant is being used for funding. Refer to question #13 for budget information.</p>

16.			<p>Are funds committed involving more than one fiscal year?</p> <p>Answer: Payments will be made over two years barring any unforeseen grant restrictions.</p>
17.			<p>What is the state's fiscal year?</p> <p>Answer: As the Harold Rogers grant is the only source of funding, the State Fiscal year (July – June) is not of consequence.</p>
18.			<p>Will there be a public opening of responses in this procurement? If so, what information will be shared with the public?</p> <p>Answer: See sections and 1.04 and 7.10 of the RFP, respectively.</p>
19.			<p>Will responses submitted in this procurement be available for public inspection upon submission? If not, when will they be made available?</p> <p>Answer: See section 7.10 of the RFP.</p>
20.			<p>Does the State have in mind a date by which completion and acceptance of the systems covered in this procurement are desired to be “live”? Do you have a date by when you expect/desire implementation to begin?</p> <p>Answer: As we are procuring an existing system and associated reporting capabilities, and since we are dealing with ASAP standards, we expect fairly fast uptake and functionality with at least partial functioning in December of this year.</p>
21.			<p>Are there any state laws, ordinances, rules or regulations of which vendors need to be aware in preparing responses which have not been identified in the RFP? Will you please direct us to applicable state codes regarding procurement and public records?</p> <p>Answer: All applicable state laws, rules, or regulations are identified in the RFP.</p>
22.			<p><u>§ 1.03 RFP Schedule, page 4:</u> This section provides an anticipated Contract start of November 1, 2006. Is there a specific reason or set of reasons driving this start date? Is there an anticipated date the system would be expected to be in production or to “go live”?</p> <p>What is the exact procedure involved in moving from a “Notice of Intent to Award” to actual contract execution? What individuals are required to sign or approve a contract such as that contemplated by this RFP, and how long would be anticipated to obtain those signatures?</p> <p>Answer: The start date was chosen by the state. See question 20 for ‘go live’ date. See sections 7.17 and 7.18 for Intent to Award information. An individual authorized to bind the vendor to the contract terms and conditions would be required to sign the contract. See attachment B for the sample contract.</p>

23.		<p>2.03 Directory Services, page 8: Is Active Directory compliance required for the solution? Is IBM SecureWay LDAP compliance required for the solution?</p> <p>Please provide examples of how you have implemented IBM SecureWay LDAP functionality with existing solutions.</p> <p>Answer: The ability to abstract the application's authentication and authorization information into an externally provided LDAP directory is the preferred solution. If the application is to be hosted by the state, the ability to make use of the state's approved directory services is preferred, be that Active Directory and/or IBM SecureWay. However, if the application is to be provided as a service and hosted externally from the state, the security model would then be left to the discretion of the provider.</p> <p>The use of the state's Active Directory service is the preferred solution if the intended users are internal to state government. If the users are non-government entities the preferred solution is to make use of the state's IBM SecureWay service. Access to the directory services can be accomplished by either directly connecting to the LDAP servers or through a set of web services provided by the state.</p> <p>For the public non-government entities the following document defines the requirements set for providing the authentication process to state on-line services:</p> <p>Public On-Line Services User Authentication http://www.nd.gov/ea/standards/standards/approved/as003-05-2.rtf</p>
24.		<p>§ 2.03 Database Services, page 8: Among others, the State lists Oracle 9i and 10g as well as Microsoft SQLServer 2000 and 2005 as supported databases. All other matters being equal, what is the preferred database to use in this project? Does the State have the requisite licenses for each database, or would additional licenses have to be acquired for either or both Oracle 10g and/or Microsoft 2005?</p> <p>Answer: The state does not have a preference for the database for this application. If the application requires a dedicated environment the state would have to purchase additional database licenses. If the application can run in a shared environment the state has existing SQL and Oracle environments that may be able to support the application without purchasing additional software licenses. For RFP responses, vendors should indicate the size of the required database environment assuming a dedicated environment and should also indicate whether the application can be hosted in a shared environment assuming appropriate processing capacity already exists.</p>

25.		<p><u>§ 3.02 Information Technology Solution, Technical Requirements, page 9:</u> It is stated the vendor will be required to collect data from pharmacies daily. Does this mean that pharmacies will be expected to upload data on a daily basis or simply that the collection technologies should be available on a daily basis?</p> <p>Will dispensing physicians and nurses be required to submit data?</p> <p>Answer: Pharmacies will be required to send data daily, therefore collection technologies must be available daily. Dispensing physicians will be required to submit data at some point in the future, but not at the beginning of the program.</p>
26.		<p><u>§ 3.02 Information Technology Solution, Functional Requirements, subsection a, page 10:</u> The capability to use NCPDP, DEA and NPI as the identifier is required. Only one of these are required for the ASAP 2005 format which is defined in Appendix F. Has the North Dakota Department of Human Services (NDDHS) determined which identifier(s) will be used? Please provide examples of how NDDHS anticipates these identifiers being used.</p> <p>Answer: Given the upcoming change to the NPI, plus the fact that the program will be operational before the mandatory change to NPI, we must have both for physicians and pharmacies. Once the mandatory date passes, the PDMP will switch to NPI. Until that time, we must accommodate what is being used.</p>
27.		<p><u>§ 3.02 Information Technology Solution, Functional Requirements, subsection e, page 10:</u> Please provide additional detail regarding the types of reports required and examples of their anticipated use. Does this section refer to the fact that authorized users may request patient or physician reports, or does NDDHS anticipate end users actually creating and building reports?</p> <p>Answer: We anticipate authorized users will request standard reports but not 'build' their own. The vendors should describe the reports they have as part of their solution in the RFP responses.</p>
28.		<p><u>§ 3.02 Information Technology Solution, Functional Requirements, subsection j, page 10:</u> Please provide examples of how NDHHS anticipates the required "notes on individuals' profiles" would be used. What would be the content of the notes? Would these notes be attached to <u>all</u> future reports generated regarding prescription usage?</p> <p>Answer: One example would be if a citizen disputed prescriptions on their profile. If the investigation into the information could not verify the citizen's statement, then a note would be entered on that citizen's profile to inform all that request that profile that the information is disputed by the citizen. This is an example where it would have to show on all future reports generated (for that specific citizen).</p>

29.		<p><u>§ 3.02 Information Technology Solution, Functional Requirements, subsection k, page 10:</u> This section requires ongoing troubleshooting and training for the Board. Please describe the length of time expected for the training aspect of this requirement.</p> <p>Answer: The state is not buying the software to operate on their own. The vendor will own and operate the software and collect the data. The ongoing troubleshooting and training will be part of the continuing service until the end of all contractual agreements.</p>
30.		<p><u>§ 3.02 Information Technology Solution, Functional Requirements, subsection l, page 10:</u> This section requires the ability to receive a one time six month file from dispensers at the beginning of the program to provide a strong starting point for the program. For those dispensers who are not capable of electronic submission, what is to be expected of them?</p> <p>Will dispensers be allowed to request a waiver to report electronically and be allowed to submit paper forms such as the Universal Claim Form? If so, please provide estimates as to how many such waivers are anticipated to be granted.</p> <p>Answer: The vendor and the Board will educate the software company servicing those pharmacies until they are able to submit the data electronically. The Board will review waiver requests and grant them at their discretion. We do not anticipate any paper forms to be submitted.</p>
31.		<p><u>§ 3.02 Information Technology Solution, Functional Requirements, subsection o, page 10:</u> This section requests optional “mapping of activities”. Please provide additional details of such requirements, including examples of anticipated use.</p> <p>Answer: See question 11.</p>
32.		<p><u>§ 3.02 Information Technology Solution, Functional Requirements, subsection v, page 10:</u> This section requires that the system have the ability to “use the program and website interface to select a report to fax and have the report faxed without printing the report or using a fax machine”. Is “report” meant to describe a request or the statistical reports available within the solution, or something else? May this requirement be interpreted as requiring the use of a fax server to respond to requests? If so, does this requirement meet the HIPAA requirements for data security?</p> <p>Answer: The Board must not be required to print a report from the system (a report requested by a physician or law enforcement, for example) to then fax the report. The vendor will be required to comply with HIPAA and other applicable requirements.</p>

33.		<p><u>§ 3.02 Information Technology Solution, Quality Assurance, page 11:</u> This section requires that the vendor to ensure the capability to produce necessary reports for grant purposes. Please provide examples of the types of reports NDHHS anticipates to be required regarding quality assurance parameters and other grant requirements.</p> <p>Answer: The vendor must refer to the Harold Rogers program requirements as they may change at any time. Since the program is being funded by the grant, it must comply with grant requirements.</p>
34.		<p><u>§ 3.02 Information Technology Solution, Technical Exhibits, page 11:</u> This section requires data collection to be in compliance with the grant and refers to Exhibit F. Exhibit E contains a listing of “ASAP Data Fields”. Is the RFP referring to this Exhibit, or is there some data collection compliance requirement in addition to this?</p> <p>Answer: This was a typographical error. There is no attachment F; the vendor must utilize Department of Justice resources for information on grant requirements.</p>
35.		<p>Exhibit C provides cost estimates for State-Hosted and Vendor-Hosted solutions. Are respondents <u>required</u> to submit pricing for both options? Does the State have a preference for one option over the other? What would be determining factors (other than cost) which might impact the State’s decision as to which option to choose?</p> <p><u>§ 6.06 at page 18</u> requires the respondent to clearly document each costing option. Does this mean something <u>more</u> than accurately and fully completing the items set forth in Exhibit C? If so, please provide details.</p> <p>Answer: The vendor must submit estimates for both options. The state does not have a preference for one option over another. The state will choose the best option based on all facets of the responses. Completing the items in Attachment C fully will meet the requirements.</p>
36.		<p><u>§ 7.07 Alternate Proposals</u> provides that offerors may submit only one proposal for evaluation, and that alternate proposals will be rejected. Will it be permissible to offer in our original and only proposal (clearly designated) optional software modules or services items which are not explicitly required but which may be implicit in the functional requirements of the RFP and could provide a more complete and functional solution for the State?</p> <p>Answer: The bidder may submit any solution that will meet all requirements.</p>

37.			<p><u>§ 7.08 Subcontractors</u> mandates that subcontractors will not be allowed. We would like to retain the option to work with a business partner to help us with hosting requirements. Currently we provide a hosted solution to an existing client, and also maintain the facilities to enable all data collection from dispensers for prescription monitoring programs for xxx. We are currently evaluating options to work with an existing business partner to provide hosting or co-location solutions for our use in our hosting and data collection efforts. This evaluation could result in our ability to provide more reliable, secure and cost-effective services to our clients and allow us to focus on providing better service to our clients rather than deal with ever-changing hardware and operating environments. In the event we decided to work with that partner (or another) to facilitate this, would NDDHS have problems with this in the event we earned the right to your business and NDDHS chose to use a vendor-hosted solution?</p> <p>Answer: The underlying business structure of the vendor is not as important as the fact that the winning vendor will be responsible for meeting all requirements. The state will only communicate with the winning vendor, therefore, the vendor must ensure that their business structure responds to the needs of the state.</p>
38.			<p>Based on the information in the RFP - I understand that this is NOT a pilot but in fact the state of North Dakota is seeking to engage in a contract with a vendor to develop, implement and manage the Prescription Drug Monitoring program for the state.</p> <p>Answer: This is not a pilot. This is for PDMP system solution for the entire state.</p>
39.			<p>Who determines the roll-out? In other words, once a contract has been awarded is there an existing requirement of specific locations and timelines for the implementation of the solution?</p> <p>Answer: The Board will determine the roll-out. It would be logical to contact the major pharmacy software vendors for the state and start with them and continue to expand out to all software vendors.</p>
40.			<p>Is there an expectation that the implementation of the solution be of real-time data as opposed to retrospective data? In working with ***** we discovered early on from both an investigative and enforcement perspective that real-time data played a critical role in a successful program. If real-time is the expectation, it may be of service to have it clearly indicated in the RFP.</p> <p>Answer: The system goal is to be 'close' to real time by requiring daily submission by pharmacies. Our research determined that real time was cost prohibitive for our purposes.</p>

Any questions regarding this amendment must be submitted in writing to the undersigned Procurement Officer:

PROCUREMENT OFFICER: Brendan K. Joyce, PharmD
PHONE: 701-328-4023
FAX: 701-328-1544
E-MAIL: sojoyb@state.nd.us